

Consumer Council News

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MIRECC

The national MIRECC Internet site provides basic information about the MIRECCs as a national program and serves as a gateway to individual MIRECC web sites. Education pages host various clinical tools including videos and manuals that can be downloaded or requested. An unexpected function of the MIRECC web site has been to direct caregivers and veterans to VA Health care services by posting a VA Facility locator link. See: www.mirecc.med.va.gov

Newsletter sponsored by
VA Mental Health
Consumer Council
FAX comments to
Lucia Freedman at
202-273-9069 or
call 202-273-8370

VET Centers Outreach to Iraq & Afghanistan Soldiers

The Vet Centers have recently been funded for an initiative to provide outreach services to returning soldiers from Iraq and Afghanistan. The recent authorization to hire 100 Vet Center outreach workers nationwide who are staffed by veterans of the Global War on Terrorism (GWOT) to provide services to Iraq and Afghanistan soldiers will help form a link for coordinating mental health services across various agencies. Services will include individual and group meetings. The focus of intervention is to help veterans examine new behaviors, feelings and attitudes they may have developed as a result of combat experiences. According to a recent survey only 24 percent of individual returnees sought mental health services and



there were numerous barriers identified to care (Charles W. Hoge, et al, "Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care," New England Journal of Medicine, July 1, 2004).

The Vet Centers outreach to National Guard and military reserve units, and their family support groups.

The focus is to talk to veterans early to build awareness that if something happens they know there is a place for them to turn for help. A Vet Center Global War on Terrorism Veterans Advisory Committee has been established. One of their goals is to develop outreach

and presentation materials for returning soldiers. For [Vet Center information](http://www.va.gov/rcs) go to: www.va.gov/rcs

Joint DoD and VA Conference on Post Deployment Mental Health

A recent joint DoD/VA Conference on Post Deployment Mental Health in March, 2005 brought together mental health experts and leaders from across DoD and VA. A core of principles were agreed upon. Among the key principles were:

- * All combat veterans are affected by their experience.
- * Most recently returned combat veterans and their families are dealing with readjustment issues that might be painful and even, at times, disabling but which are, none-the-less, normal responses rather than mental disorders.
- * There is considerable stigma associated with mental health problems. Stigma is the major obstacle to getting help.
- * Early screening, triage, and intervention

may prevent the development of chronic post deployment mental health problems.

- * The key to intervention is to begin early at the small unit level by letting war fighters know that it is OK to come for help.

The summary was to develop a public health approach that integrates services across the DoD/VA continuum of care. The program must be driven by the needs of the veteran and family. Services need to be where the veteran lives and it must integrate primary care and mental health programs in each system.

Online Newsletter
www.mentalhealth.med.va.gov/cc

GAO Report on VA PTSD Services

In a report issued last month, the Government Accountability Office (GAO) found that the Department of Veterans Affairs (VA) had not implemented key recommendations offered by its Special Advisory Committee on post-traumatic stress disorder (PTSD) to improve mental health care for returning service members.

In a 2004 report, VA's Special Committee on PTSD made 37 recommendations to the agency. The GAO report released last month focused on the 24 of them that deal with clinical care and education. The GAO report stated that VA "has not met 10 recommendations and has partially met 14."

The VA special committee's recommendations range from the development of methods to ensure that PTSD programs are not shut down to the creation of an integrated clinical approach for assisting aging veterans with PTSD.

Cynthia Bascetta, GAO's director of veterans' health and benefit issues, wrote in the report, "VA's delay in

fully implementing the recommendations raises questions about VA's capacity to identify and treat veterans returning from military combat who may be at risk for developing PTSD, while maintaining PTSD services for veterans currently receiving them."

"This confirms my concerns about VA's capacity and ability to meet the rising demand of returning service members and veterans seeking mental health care services," said Rep. Lane Evans (D., Ill.), ranking Democratic member of the House Veterans Affairs Committee and the legislator who requested the report.

GAO reported that officials at six of seven VA medical centers in its review stated that they may not be able to meet an increase in demand for PTSD services. The Special Advisory Committee, in its 2004 annual report, noted that VA's capacity to provide PTSD services had steadily eroded prior to the military operations that began in Iraq and Afghanistan in the last few years. The Special Committee also noted that PTSD services are lacking in many VA medical centers and are severely limited at community-based outpatient clinics.

The Quiet Epidemic

An article in Hospitals & Health Networks "The Quiet Epidemic" (November 2004) discusses the issues and cost of untreated mental disorders. It is generally agreed that as many as one-third to one-half of patients seen by primary care doctors have some type of undiagnosed mental health issue that impacts their health. Depression and anxiety interfere with getting timely medical help. Issue of access and barriers to care exacerbate getting treatment. People with mental health problems are finding fewer options as state-funded psychiatric hospitals continue to close. The National Association of State Mental Health Program Directors reported that, during the past five years, 23 states have experienced declines in the number of general-hospital specialty-unit psychiatric beds, and 26 states have seen a decrease in the number of private psychiatric

beds. The result is a well-documented extra burden on community hospitals and their emergency departments. The reimbursement for mental health is not adequate and there remains disparity between insurance coverage for general health care services and mental health services. This causes further problems in access to care. In addition the 1999 Surgeon General's Report on mental health stated that "stigma was expected to abate with increased knowledge of mental illness, but just the opposite occurred." Mental health patients get categorized all through the system and that stigma drive assumptions.

The need for mental health services is now being looked at by primary care physicians and they are using standardized toolkits for identifying depression, anxiety, and other mental health conditions. They are also building bridges with mental health providers.

Information and Resources

National Coalition for Homeless Veterans
May 31-June 3, 2005
Capital Hilton Hotel
Washington, DC
202-546-1969/800-VET-HELP

National Mental Health Association Annual Conference
"Justice for All" June 9-11, 2005

Hyatt Regency Washington
Washington, D.C.
www.nmha.org

NAMI-2005 Annual Convention
June 18-21, 2005
Austin, TX
www.nami.org